

D.I. # \_\_\_\_\_

## CIVIL ACTION

NUMBER: 07-408 JJFU.S. POSTAL SERVICE  
CERTIFIED MAIL RECEIPT(S)

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LOREN MEYERS  
DEPUTY ATTORNEY GENERAL  
DEPARTMENT OF JUSTICE  
820 N. FRENCH STREET  
WILMINGTON DE 19801

<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
B. Received by (Printed Name) <i>Kerry V. [Signature]</i>	C. Date of Delivery  
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

(Transfer from service label)

7007 3020 0002 3324 6708

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540